

## CHILD CARE SUBSIDY APPLICATION - PARENT

To determine child care subsidy for your children, or any children ages 0-6 for whom you are a qualifying head of household or you legally claim as tax dependents, complete, sign and return this form to the GSA Office of Child Care (D), 1800 F Street, NW, Room 6119, Washington, DC 20405-0002 or fax to 202-208-5430. A subsidy will be determined based on your adjusted gross income in line 33 of IRS Form 1040 or line 18 of IRS Form 1040A. You must submit a copy of the IRS form to be eligible to receive a subsidy. For married persons filing separately, both must submit their IRS Form 1040/1040A. The IRS Form is used to certify total family income.

### PRIVACY ACT STATEMENT

**PURPOSE:** This form is used to collect family income data from GSA employees applying for a child care subsidy under the GSA Child Care Subsidy Program.

**AUTHORITY:** Public Law 106-58 and Executive Order 9397.

**USES:** The primary use of the information is by the GSA Office of Child Care to determine eligibility for and the amount of a child care subsidy for GSA employees. The information may be routinely disclosed: to Federal, State, and local law enforcement agencies when there may be a violation of civil or criminal law; to the Office of Personnel Management or the General Accounting Office for evaluation of the subsidy program; to a Member of Congress or staff in response to a request for assistance by the employee of record; to another Federal agency or to a court under judicial proceedings; and to an expert, consultant, or contractor of GSA when needed to further the implementation and operation of this program.

**DISCLOSURE OF INFORMATION:** Furnishing the information on this form, including the Social Security Number and IRS Form 1040 or 1040A by an employee, is voluntary. Without this information, however, no subsidy can be approved, and the application will be rejected.

### SECTION I - INFORMATION ON PARENT/GUARDIAN

NAME (Last, first, middle initial)	SOCIAL SECURITY NUMBER	GRADE	CORRESPONDENCE SYMBOL
WORK ADDRESS	E-MAIL ADDRESS		
HOME ADDRESS	TELEPHONE NUMBERS		IF TWO PARENTS, DO BOTH WORK FOR GSA?
	WORK		<input type="checkbox"/> YES <input type="checkbox"/> NO
	HOME		IF "NO", IS OTHER PARENT A FEDERAL EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADJUSTED GROSS INCOME (From Line 33 on IRS Form 1040 or Line 18 on IRS Form 1040A):			

### SECTION II - CHILDREN

List all children on whose behalf you are applying for a subsidy.

	NAME	AGE		NAME	AGE
A.			D.		
B.			E.		
C.			F.		

### SECTION III- SIGNATURE OF PARENT/GUARDIAN

I understand that it is a Federal crime under United States Code, Title 18, section 1001, to make a false statement on this form. If I make a false statement, I may be subject to criminal prosecution and punishment including a fine, imprisonment, or both. In addition, I may be subject to administrative punishment, including the termination of my federal employment.

I certify that the above information is true and correct to the best of my knowledge.

SIGNATURE	DATE
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